

NOTICE OF CONTRACTING OPPORTUNITY AND
APPLICATION FOR NAVY CONTRACT POSITIONS
12 JAN 04

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 1500 EST (3:00 PM EST) ON OR BEFORE 26 JANUARY 04. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
CODE 02
FORT DETRICK, FREDERICK, MD 21702-9203
PH: 301-619-2335

A. NOTICE. This position is set aside for an individual Adult Nurse Practitioner only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS.

1. ADULT NURSE PRACTITIONER. The Government is seeking to place under contract, an adult nurse practitioner holds a current, unrestricted license to practice nursing in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein; and (2) competitively win this contract award.

2. Services shall be provided at the Naval Medical Center (NMCP), Portsmouth, VA. You may be required to temporarily rotate among Military Treatment Facilities (MTFs) as deemed necessary by the Commander.

3. You shall serve as an adult nurse practitioner in support of the Health and Vascular Care Center, Cardiology Division.

4. You shall accrue eight hours of personal leave at the end of every 2-week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

5. You shall normally provide services for an 8.5-hour period (to include an uncompensated .5 meal break) between the hours of 0600 and 1700, Monday through Friday, excluding federal holidays. Specific hours will be scheduled approximately 4 weeks in advance. Any changes to the schedule shall be coordinated between the health care worker and the Government. You shall arrive for each scheduled shift in a well-rested condition with at least six hours of rest from all other medical duties.

II. STATEMENT OF WORK

A. The use of "Commander " means Commander, Naval Medical Center, Portsmouth, or designated representative, e.g., Technical Liaison or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. DUTIES/RESPONSIBILITIES. The health care worker shall perform a full range of Adult Nurse Practitioner duties, within the scope of clinical privileges granted by the Commander, on site using government furnished supplies, facilities and equipment. Actual clinical performance will be a function of the overall demand for Adult Nurse Practitioner services. Adult Nurse Practitioners providing services under this contract shall adhere to NAVMEDCENPTSVA 6550.6A, Utilization Guidelines for Nurse Practitioners. This instruction includes the following requirements: permits nurse practitioner ordering and administration of an approved list of drugs according to protocol, and requires random review of records of patients seen by the nurse practitioner.

C.1. ORIENTATION – Command, Clinical and Unit. Orientations shall take place as part of normal working hours.

C.1.1. Each health care worker shall successfully complete Command and Clinical orientations over a 4-day period, as scheduled by the government. Command orientation occurs over a two day period, consisting of two 8-hour days which cover JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation occurs over a two-day period, consisting of two 8-hour days that cover NMCP policies and procedures, IV certification (as applicable), an overview of the laboratory, x-ray, and pharmacy departments, etc. On a case-by-case basis, orientation may be waived by the Government if the health care worker is currently, or has previously worked at the NMCP.

C.1.2. Unit Orientations. Unit Orientation shall be complete on the job following contract start. The duration of Unit Orientation varies depending on the clinical area to which the health care worker is assigned. Unit Orientation shall include, but is not limited to the specific procedures and policies in the assigned unit.

C.2. Administrative and Training Requirements. You shall:

C.2.1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, students) assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to Government and professional clinical standards and accepted clinical protocol.

C.2.2. Perform necessary administrative duties which include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commander.

C.2.3. Participate in meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of regular working hours, the health care worker shall be required to read and initial the minutes of the meeting.

C.2.4. Participate in the provision of inservice training to staff members of the clinic and administrative staff on subjects germane to medical care and attend annual renewal of the following Annual Training Requirements provided by MTF: family advocacy, disaster training, infection control, Sexual Harassment and Bloodborne Pathogens.

C.2.5. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.

C.2.6. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-C) Certification.

C.2.7. Maintain current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; or American Red Cross Cardio Pulmonary Resuscitation (CPR) for the Professional Rescuer; or equivalent.

C.2.8. Possess current ACLS certification.

C.2.9. Participate in continuing education to meet own professional growth.

C.2.10. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

C.2.11. Contractor personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.

C.2.12. Successfully complete MTF Medication PSI, medication administration test, and the Age Specific PSI (Personal Study Instruction). The Medical Administration test may be voided if the government deems that you can provide evidence of successful completion of a similar and comparable pharmacology test.

C.2.13. Successfully complete the MTF provided inservices in IV placement, and blood and blood administration prior to assignment to these tasks.

C.2.14. Participate in the implementation of the Family Advocacy Program as directed.

C.3. Standard Duties. You shall perform a full range of adult nurse practitioner duties on-site using Government-furnished supplies, facilities and equipment. Productivity is expected to be comparable with that of other contracted individuals performing similar services. You shall:

C.3.1. Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to licensure and regulation of healthcare personnel and medical treatment facilities, the regulations and standards of medical practice of the MTF and the bylaws of the hospital's medical staff. Adhere to and comply with all Department of the Navy, Bureau of Medicine and Surgery and local Clinic instructions and notices that may be in effect during the term of the contract.

C.3.2. Clinical Functions:

C.3.2.1. Assessment:

- Obtain patient health and developmental history.
- Perform and record a health appraisal including physical assessment and evaluation.
- Differentiate between normal findings and those that require consultation and/or referral.
- Diagnose patients with common acute conditions, illnesses or minor trauma within legally accepted protocols, Nurse Practice Acts, or in accordance with NAVMEDCENPTSVA 6550.6A.
- Request x-rays, laboratory tests and cardiac diagnostic tests as deemed necessary.

C.3.2.2. Plan:

- Formulate a health care plan for clinic patients emphasizing self-care responsibility through the participation of the patient, family, physician and other health care professionals.

C.3.2.3. Intervention:

- Treat patients with common acute conditions, illnesses or minor trauma within accepted practice standards, Nurse Practice Acts, and/or in collaboration with a physician.
- Collaborate with the physician in the health care of patients with chronic illnesses.
- Identify resources and coordinate referrals for patients and families requiring further evaluation and services.
- Assist and support staff professional development.

C.3.2.4. Evaluation:

- Analyze the results and or outcomes of the health care plan.
- Modify the health care plan as needed.

- Implement and participate in follow-up.

C.3.2.5. Equipment and material management:

- Provide for an optimum physical environment for patients and staff, emphasizing good safety practices and cleanliness
- Support preventive maintenance and report equipment failures and inadequacies.
- Promote economical utilization of equipment, supplies and be cost conscious when ordering lab and radiological studies.
- Know the location and operation of emergency equipment.
- Adhere to departmental and hospital safety guidelines.

C.3.2.6. Services. Attend the following:

- Morning clinic report
- Assigned Boards and Committees
- Continuing Education
- Quality Assurance Functions

C.3.2.7. Additional Administrative Services:

- Maintain patient records in accordance with MTF requirements.
- Collect and record all examination data in proper format.
- Become thoroughly familiar with and apply procedures documented in the MTF's standard Operating Procedures (SOP).
- Successfully complete the MTF provided inservices in IV placement, prior to assignment to this task.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Possess a degree from a Master of Nursing program accredited by the National League for Nursing Accrediting Commission (NLNAC), or a Master of Public Health (MPH) from an accredited college or university.
2. Possess a current unrestricted license to practice as a registered nurse in any one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands. The health care worker is responsible for complying with all applicable licensing regulations.
3. Possess certification as an Adult Nurse Practitioner by the American Nurses Credentialing Center (ANCC) or the American Academy of Nurse Practitioners (AANP).
4. Possess experience as an Adult Nurse Practitioner of at least 12 months within the last 24 months.
5. Provide letters of recommendation from two practicing physicians or peers attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding 5 years.
6. Certified in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross (CPR) Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.
7. Possess current certification in Advanced Cardiac Life Support (ACLS).
8. Be eligible for U.S. employment.
9. Represent an acceptable malpractice risk to the Navy.
10. Submit a fair and reasonable price that has been accepted by the Government.

E. **FACTORS TO BE USED IN A CONTRACT AWARD DECISION.** If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Statement" and Letters of Recommendation will be used to evaluate these items.

1. Experience and training, both quantity and quality as it relates to the duties required herein.
2. The letters of recommendation required in item D.6, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc.
3. Prior experience as a physician in a DoD medical facility.
4. Total Continuing Education hours within the preceding 5 years.

F. **INSTRUCTIONS FOR COMPLETING THE APPLICATION.** To be qualified for this contract position, you must submit the following:

1. _____ A completed "Personal Qualifications Sheet – Nurse Practitioner" (Attachment 1).
2. _____ Two or more letters of recommendation per paragraph D.6., above.
3. _____ A completed Pricing Sheet (Attachment 2)
4. _____ A completed CCR Application Confirmation Sheet (Attachment 4)
5. _____ A completed Small Business Program Representations Form (Attachment 5)
6. _____ Two copies of employment eligibility documentation per Attachment 3.

G. Other Information for offerors.

Frequently asked questions about Individual Set-Aside (ISA) requirements are answered in the ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov/>. This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 622110.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Acquisitions@nmlc.med.navy.mil, Subject Line: CODE 22L by fax at (301) 619-6793 or by telephone at (301) 619-2335

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET – NURSE PRACTITIONER - ATTACHMENT 1

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Sections D. and E. of the solicitation. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item XI of the Personal Qualifications Sheet.
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education, Professional Registration, Experience, Personal and Professional Information Sheet, continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur (a), your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts and/or (b), you may lose your clinical privileges.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim?
(indicate final disposition of case in comments) | — | — |
| 2. Have you ever been a defendant in a felony or misdemeanor case?
(indicate final disposition of case in comments) | — | — |
| 3. Has your license or certification to practice ever been revoked or
restricted in any state? | — | — |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____ (Signature)	_____(mm/dd/yy) (Date)
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PERSONAL QUALIFICATIONS SHEET – NURSE PRACTITIONERI. General Information

Name: _____ SSN: _____
Last First Middle
Address: _____

Phone: (____) _____

II. Master of Nursing Education (Section D, Item 1):

Degree from: _____
(Name of School and location)
Type of Degree _____
Date of Degree: _____ (mm/dd/yy)

III. Professional Licensure (License must be current, valid, and unrestricted)(Section D. Item 2)

_____ (State)	Date of Expiration: _____ (mm/dd/yy)
_____ (State)	Date of Expiration: _____ (mm/dd/yy)
_____ (State)	Date of Expiration: _____ (mm/dd/yy)

IV. Adult Nurse Practitioner Certification (Section D, Item 3)

_____ (mm/dd/yy)
Certifying Board Date of Board Certification

V. Approved Continuing Education (Factor for Award):

<u>Title Of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. Professional Employment: List your current and preceding employers. (Section D, Item 4):

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
(1) _____	_____	_____

Work Performed: _____		

Name and Address of Preceding Employer From To

(2) _____

Work Performed: _____

Name and Address of Preceding Employer From To

(3) _____

Work Performed: _____

Are you are currently employed on a Navy contract? If so, where is your current contract and what is the position?

VII. Basic Life Support Level C (Section D, Item 6): Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card:

Expiration Date: _____(mm/dd/yy)

VIII. Advanced Life Support Certification (Section D, Item 7):

Training Type listed on Card:

Expiration Date: _____(mm/dd/yy)

IX. Employment Eligibility (Section D, Item 8):

Yes No

Do you meet the requirements for U.S. Employment
Eligibility contained in Section V?

X. Professional References (Section D, Item 5):

Provide three letters of recommendation.

XI. I hereby certify the above information to be true and accurate:

_____(Signature) _____(Date)(mm/dd/yy)

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 01 March 2004 30 September 2004. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date. Services may also be extended by exercise of Option Periods.

PRICING INFORMATION

(a) Hourly Rates: Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option period. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Adult Nurse Practitioner, Portsmouth, VA area. Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Liability Insurance: Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

(c) Limitation of Payment for Personal Services: Under the provisions of 10 U.S.C 1091 and Department of Defense Instruction (DODI) 6025.5, "Personal Services Contracting" implemented 6 January 1995, the total amount of compensation paid to an individual direct health care provider in any year cannot exceed the full time equivalent annual rate specified in 10 U.S. C. 1090.

(d) Price Proposal:

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Adult Nurse Practitioner at the Navy Medical Center, Portsmouth, VA. in accordance with this Application and the resulting contract.				
0001AA	Base Period: 01 March 04 through 30 Sep 04	1232	HRS	\$ _____	\$ _____
0001AB	Option Period I; 1 Oct 04 through 30 Sep 05	2088	HRS	\$ _____	\$ _____
0001AC	Option Period II; 1 Oct 05 through 30 Sep 06	2080	HRS	\$ _____	\$ _____
0001AD	Option Period III; 1 Oct 06 through 30 Sep 07	2080	HRS	\$ _____	\$ _____
0001AE	Option Period IV; 1 Oct 07 through 30 Sep 08	2096	HRS	\$ _____	\$ _____
0001AF	Option Period V: 01 Oct 08 through 28 Feb 09	864	HRS	\$ _____	\$ _____

Printed Name _____

Signature _____ Date _____

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal

Requirements Package AML-04-04

6. Military dependant's ID Card

7. U.S. Coast Guard Merchant
Mariner Card

8. Native American tribal document

9. Driver's license issued by a
Canadian government authority

For persons under age 18 who
are unable to present a
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

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4. Native American Tribal document

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident
Citizen in the United States
(INS Form I-179)

7. Unexpired employment
authorization document issued
by the INS (other than those
listed under List a).

CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr2000.com/> If you do not have internet access, please contact the CCR Assistance Center at 1-888-227-2423.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com>.

Complete the following and submit with initial offer:

Name: _____

Company: _____

Address: _____

CENTRAL CONTRACTOR REGISTRATION INFORMATION:

Date CCR application was submitted: _____

Assigned DUN & BRADSTREET #: _____

Assigned CAGE Code: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

☐ Black American.

☐ Hispanic American.

☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : _____

Notice of Contracting Opportunity No.: _____